

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-204991

STATE FILE NUMBER

AMENDED

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 267

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBSTER GROVES</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>951 PROVIDENCE</u>		d. STREET ADDRESS (If outside, give location) <u>951 PROVIDENCE</u>	
3. NAME OF DECEASED (Type or print) First <u>ARTHUR J.</u> Middle <u>SCHOPPE</u> Last <u>SCHOPPE</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 4 1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESSMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOSEPH SCHOPPE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MATHEWS MARY SCHOPPE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>611-011118</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) <u>Old Post-Operative</u>		17. INFORMANT Address <u>951 PROVIDENCE</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:15</u> a.m. Month, Day, Year <u>Jan 17-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u>		
21. I attended the deceased from <u>1935</u> to <u>Jan 17-62</u> and last saw him alive on <u>Jan 17-62</u> Death occurred at <u>6:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>1-19-62</u>	
22a. SIGNATURE <u>Thomas K. Nutter</u> (Degree or title)		22b. ADDRESS <u>611 Olive St.</u>	
23a. BURIAL, CREMATION, or other disposal (See instructions) <u>REMOVED</u>	23b. DATE <u>JAN. 24, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
24. FUNERAL DIRECTOR <u>Thomas K. Nutter</u> ADDRESS <u>2706 Shawnee</u>		25. DATE RECD. BY LOCAL REG. <u>1-19-62</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

308 N. 6th St
12-2

4-5

Dec 1-0070

Rebury, Embury
611 Olson

1570.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gawn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.